

# State of Colorado

## Affidavit of Custody for Foster Child(ren)



### INSTRUCTIONS

Foster child(ren) of an eligible state employee may be eligible for medical and dental coverage. Employee benefits are governed in part by the State Benefit Plans section of the State Personnel Director's Administrative Procedures and other written directives. The following guidelines also apply:

The employee must complete and sign the front side of this Affidavit of Custody. A notary must witness the employee's signature. A "Medical, Dental, Pretax Premium Enrollment Form" & "Change of Election Form" must be completed to add the child(ren) to existing coverage and to select a PCP for the child(ren).

For foster child(ren), supporting documentation from the county placement agency must be attached to this affidavit.

### AFFIDAVIT

Being of lawful age, I, the undersigned, have accepted responsibility for:

1. The care of the minor child(ren) listed below;
2. Raising these minor child(ren) in a normal parent child relationship;
3. Providing at least 50 percent of the financial support for these minor child(ren); and,
4. Providing health care and coverage for these minor child(ren).

Hereto, I have attached any required supporting documentation. (See \* below)

### MINOR FOSTER CHILD(REN) INFORMATION

Name	Date of Birth	Soc. Sec. No.

### EMPLOYEE INFORMATION

Employee's Name (Please Print)	Employee's Soc. Sec. No.	Dept. / Agency Org ID
Employee's Signature	Date	

### Fraud

It is unlawful for any employee, employee's dependent(s) or other individual(s) to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of defrauding or attempting to defraud the State of Colorado with regards to the application for benefits or claim for benefits. Penalties may include imprisonment, fines, denial of enrollment in any or all of the state's group benefit plans, civil damages, termination of enrollment in any or all of the state's benefit plans, or as provided in regulations, statutes, and written directives.

### NOTARY

Sworn to me this (Day / Month / Year)	
Notary Public	My Commission Expires
Notary Public's Address	

Please make and retain a copy of this form.  
Submit the original to your agency payroll and personnel administrator.

Department of Personnel & Administration  
Employee Benefits  
10/7/2003